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*History of the American Medical Association.*

NUMBER V.

BY ONE OF ITS MEMBERS.

NOTHING of special interest occurred in relation to the American Medical Association, from the close of the Annual Meeting in Baltimore, until the commencement of the second Anniversary in Boston, May 1, 1849. The minutes of the meeting in Baltimore, were very generally published in the Medical Journals of the country; and the work of organizing state and local Societies, as mentioned in our last number, continued to progress.

On the first day of May, 1849, the delegates and members assembled in the Hall of the Lowell Institute, and at 10 o'clock, A. M. were called to order by Dr. Alexander H. Stevens, of New York, President of the Association. Dr. J. C. Warren, of Boston, in behalf of the Massachusetts Medical Society, and the Committee of arrangements, welcomed the delegates to their city, and extended to them the cordial greeting of the profession. The President then delivered an address, in which he alluded to the objects for which the Association was organized, and the important advantages expected to result from its action. More than four hundred members were present during the meeting, representing the profession and institutions of twenty-four States.

On the recommendation of a Committee of one from each state re-

presented, the following gentlemen were elected officers of the Association, viz :

## PRESIDENT.

DR. J. C. WARREN, of Boston.

## VICE-PRESIDENTS.

DRS. J. P. HARRISON, of Cincinnati; A. FLINT, of Buffalo; H. H. MAGUIRE, of Richmond; R. S. STEWART, of Baltimore.

## SECRETARIES.

DRS. A. STILLE, of Philadelphia; H. Y. BOWDITCH, of Boston.

## TREASURER.

DR. ISAAC HAYS, of Philadelphia.

Dr. Warren, on being conducted to the Chair, returned his thanks to the Association for the honor conferred, after which the reports of the Standing Committees were called for, and presented in order. Dr. D. F. Condie, Chairman of the Committee on Practical Medicine, presented a lengthy report; only a part of which was read, when on motion of Dr. A. H. Stevens, it was referred to the Committee of Publication. This was the beginning of a policy, which has resulted in the establishment of the practice of receiving and referring papers to the Publishing Committee, not only without being read to the Association, but without having been completed by their authors.

Dr. N. R. Smith, of Baltimore, Chairman of the Standing Committee on Surgery, read the annual report on that subject.

The consideration of anæsthetic agents, the treatment of fractures, and the operations for vesical calculi, occupied much the larger share of the report. The committee fully justified the use of anæsthetics in all important surgical operations, and gave preference to chloroform, over ether.

The report of the Committee on Obstetrics was presented and read by Dr. C. R. Gilman, of New York, acting Chairman. This report was also occupied chiefly with the consideration of anæsthetics, and their application in Obstetric practice. It was claimed by the author of this report, that the use of these agents was not only justifiable for the purpose of alleviating the pains of labour, but also, that in all *difficult and instrumental labors*, their application "*could not be rightfully withheld.*" This report also, gave the preference to chloroform over all other anæsthetic agents. This, like the report on Surgery, was referred to the Committee on Publication, without discussion. They were published in the second volume of Transactions of the Association, and may be usefully consulted, both by students and practitioners of the healing art.

Dr. J. P. Harrison, of Cincinnati, Chairman of the Committee on

Medical Literature, presented and read, a full and well written report; which was referred to the Committee on Publication.

The Committee claimed that much valuable literary material existed in the profession of our country, which was unknown to the public, on account of the inability of the authors to procure its publication. And they recommended the establishment of a Board of Publication, to whom such materials might be presented for examination and publication, if approved by them. The following resolution, appended to the report on Medical Literature, was adopted by the Association, and Drs. W. E. Horner, D. F. Condie, and Isaac Hays, of Philadelphia, appointed the Committee, viz:

*"Resolved, That a Committee of three be appointed, to take into consideration the measures recommended in this report, for the promotion of our National Medical Literature, with instructions to report at the next Annual Meeting."*

On motion of Dr. G. B. Wood, the same Special Committee were instructed to report on an international copy-right law.

At a subsequent part of the session, Dr. Horner, in behalf of the committee, reported the following resolution.

*"Resolved, That a committee of three be appointed to memorialize Congress in favor of an international copy-right law."*

The resolution was adopted, and Drs. G. B. Wood, T. E. Bond, and Isaac Hays, appointed the committee, with instructions to prepare a memorial, and submit it to the next Annual Meeting of the Association. At this, as at all the preceding meetings of the Association, the subject of Medical Education occupied a large share of time and attention. Dr. F. Campbell Stewart, of New York, Chairman of the Standing Committee on Medical Education, presented a full report, embracing an account of the medical institutions, requirements for graduation, number of students and Professors, &c. &c., both in this country and Europe; also, an account of the legal requirements exacted of medical practitioners in the several states, and the rules and requirements of the Army and Navy Boards of Examiners.

The report urged strongly, the adoption of a higher standard of preliminary education, to be exacted before allowing the student to enter upon the study of medicine, as the basis of all real improvement in the education of the profession. To secure this, all state and local societies were recommended to establish primary Boards of examiners, whose duty it should be to examine all who proposed to study medicine within their respective districts, except such as were graduates of some literary institution, and grant to those qualified, certificates of such qualifica-

tions. A series of resolutions were appended to the report, designed to elicit direct action on the part of the Association.

They were as follows, viz :

1. "Resolved, That the attention of Medical Colleges be again directed to the resolutions of the Committee on Preliminary Education, adopted by the Medical Convention of 1847, and that they be advised to require from students that they shall, in all cases, produce certificates of Preliminary Education.

2. "Resolved, That the several State and County Societies, as well as all voluntary Medical Associations, throughout the country, be advised and requested to adopt the plan proposed by the Medical Society of the State of New York, at its last Annual Meeting, for ensuring due attention to the subject of preliminary education.

3. "Resolved, That this Association does not sanction or recognize "College Clinics" as substitutes for Hospital clinical instruction, and that the Medical Colleges be again advised to insist, in all instances where it is practicable, on the regular attendance of their pupils during a period of at least six months, upon the treatment of patients in a well conducted Hospital, or other suitable institution, devoted to the reception and care of the sick.

4. "Resolved, That it would conduce both to the convenience and advantage of students, if the subjects taught in the Colleges were divided into two series; the one of which should be studied during the first year's attendance on lectures, and the other during the second session. And that examinations should be instituted at the close of the first course of lectures on the subjects taught during that course; certificates of which should be required prior to the final examination.

5. "Resolved, That it is the deliberate opinion of this Association, that the plan of examining students for medical degrees in private, and before one Professor only at a time, is highly defective, and should be at once discontinued.

6. "Resolved, That examinations for medical degrees should be practical, and that it is desirable, as far as practicable, that they should be conducted in writing as well as *viva voce*.

7. "Resolved, That in view of the importance of a due knowledge of practical Pharmacy, the Medical Schools be advised to require from candidates for degrees, that they should produce satisfactory evidence of having been engaged in compounding medicines and putting up prescriptions, either under the directions of their private preceptors, or in the shop of a recognized and qualified apothecary.

8. "Resolved, That the interests, both of the public and the Medical profession, would be promoted by the establishment of Boards of examiners in each of the States of the Union, to examine candidates for licenses to engage in the active practice of Medicine and Surgery.

9. "Resolved, That the standard of requirements established by the examining Boards of the several States, should be uniform, and that the examinations should, as far as practicable, be conducted in a similar manner.

10. "*Resolved*, That the examiners should, in all instances, satisfy themselves, that candidates are familiar with the elementary branches of general knowledge.

11. "*Resolved*, That for the purpose of carrying out the objects contemplated in the foregoing resolutions, a Special Committee of seven members be appointed to prepare a memorial and form of law in reference to the subject of the establishment of Boards of Medical Examiners, to be submitted to the Association at its next Annual meeting."

The report of the Committee on Medical Education was accepted, and referred to the Committee on Publication, and the resolutions taken up for action thereon.

In this connection a communication was received from the New York Academy of Medicine, in the form of a series of resolutions, which had been adopted by that body. The resolutions advocated a higher standard of preliminary education, and a separation of the business of *teaching and licensing*, hitherto united in the College Faculties. This communication, together with a letter from Dr. John Watson, of New York, were received and laid on the table.

The resolutions of the Committee on Medical Education, were discussed at considerable length, in committee of the whole, and those numbered 1 and 3 adopted, and the rest either amended, rejected, or laid on the table. The Committee then rose and reported, when on motion of Dr. Alexander H. Stevens, the whole subject of Medical Education, together with the resolutions just acted upon in Committee, were referred to a Special Committee of three, with instructions to report the next morning. The President appointed Drs. A. H. Stevens, G. B. Wood, and J. Knight, the Committee. The communication from the Academy of Medicine, and the letter of Dr. Watson, were taken from the table and referred to the same Committee.

Dr. Stevens in behalf of the Committee, reported back the 1st and 3d resolutions, already quoted, without alteration, and in addition the following:

"*Resolved*, That the Association reiterate their approval of the resolutions in reference to Medical Education adopted by the Convention, which met in Philadelphia, in May 1847, and contained in pages 73 and 74 of the published proceedings of that Convention.

"*Resolved*, That physicians generally, throughout the Union, be advised and requested, to require of those wishing to become their pupils, evidence of a proper general education, before admission into their offices.

"*Resolved*, That in accordance with a resolution of the American Medical Association, adopted May 4, 1847, it is earnestly recommended to the physicians of those states in which State Medical Societies do not

exist, that they take measures to organize them before the next meeting of this Association.

"*Resolved*, That the State Societies be recommended, after they shall have been organized, to recognize as regular practitioners, none who have not obtained a degree in medicine, or a license from some regular Medical body, obtained after due examination.

"*Resolved*, That the Association recommend to the various Schools of Medicine, to meet at Cincinnati before the next Annual Meeting of this Association."

After much discussion, these resolutions were all adopted, together with the following, which was offered by Dr. T. E. Bond, of Baltimore, viz :

"*Resolved*, That this Association recommend the encouragement of private Medical Institutions, strongly advising that Dispensary Practice be made, as far as possible, a part of the means of instruction."

In connection with the report of the Committee on Medical Education, Dr. Ware, of Boston, presented a paper from the Faculty of Harvard University, against the proposition to extend the annual College terms to *six months*. This communication having been received and referred to the Committee on Publication, on motion of Dr. G. B. Wood, a Committee of three were appointed to write and present to the Committee on Publication, a paper, setting forth the views of the Association in favor of a lengthened term. The President appointed Dr. Samuel Jackson, of Pennsylvania University, Dr. J. L. Atlee, and Dr. A. Stillé, of Philadelphia, the Committee.

This Committee discharged the duty assigned to it, and both papers may be found in the volume of Transactions for 1849.

Besides the reports of Standing Committees already noticed, Dr. L. P. Yandell, of Kentucky, Chairman of the Committee on Medical Sciences, forwarded his report, which, in his absence, was referred to the Publishing Committee without being read.

The annual report of the Committee on Hygiene, was presented and read by Dr. Isaac Parrish, of Philadelphia. It embodied much valuable information in relation to the Sanitary statistics and condition of the more important cities of our country; and had appended, a very lengthy and important report on the sanitary condition of Massachusetts, by Dr. Josiah Curtis, of Boston.

The annual report of the Committee on our Indigenous Medical Botany, &c., was presented by the Chairman, Dr. N. S. Davis, with two papers appended, in the form of Botanical Catalogues of Medicinal Plants, one by Dr. S. W. Williams, of Massachusetts, and the other by Dr. F. P. Porcher, of South Carolina. All these, together with an in-



teresting paper from Dr. Samuel Jackson of Philadelphia, on the effects of tea and coffee on children and the laboring classes, were referred to the Committee on Publications, and may be found in the Transactions of that year.

On motion of Dr. A. H. Stevens, of New York, three additional Committees were instituted, viz: A Committee of seven, on Forensic Medicine; one of like number on Indigenous Botany and Materia Medica; and another on Public Hygiene.

These, together with the former Standing Committees, were filled for the coming year, by the Committee on Nominations.

It will be seen, both from the number of States represented, and the whole number of delegates in attendance, that the meeting of the Association in Boston, presented a very full representation of the Medical profession of this country, not only as a whole, but also in its several departments and special interests. Hence, its action may be justly claimed as a fair expression of the sentiments of the great body of the profession. It was in view of this fact, that I quoted in detail the resolutions presented and adopted, concerning the all engrossing subject of Medical Education and improvement. In former numbers of this history, I have shown that this subject was the leading one which called forth the movement that resulted in the formation of the Association itself. And further, that in direct connection with the act of organization, the most decided stand was taken in favor of elevating the standard of attainments, both preliminary and medical; of extending the lecture terms in the several Colleges; of making practical Anatomy and Clinical instruction, essential elements in a course of medical study; and of extending and completing the social organization of the profession, throughout the Union. It will be seen by the resolutions adopted and quoted in this number, that the meeting at Boston fully sanctioned and confirmed the action of the primary Conventions in New York and Philadelphia, in reference to all these topics. That the profession demands a higher standard of general education on the part of students of Medicine, a more systematic and complete course of instruction on the part of the Medical Colleges, and a more rigid and disinterested examination of candidates for graduation, there can be no doubt.

The resolutions adopted at Boston and elsewhere, abundantly indicate this. And yet, five years have passed away without the full accomplishment of any one of these objects. There are two prominent reasons for this failure. The first, consists in a disposition to look to the Medical Colleges for too large a share of the action necessary for the accomplishment of the objects desired.

Instead of regarding these institutions as mere schools for Medical instruction, and demanding of them such action only, as was calculated to render their courses of instruction more systematic and complete, they have been looked to for the practical execution of almost every specific recommendation which has been made by the Association on the subject of education. Thus, of the seven resolutions adopted at Boston, as reported by the Special Committee, of which Dr. Stevens was Chairman, four related directly to the action of the Medical Colleges, two to the further organization and action of State Medical Societies, and one, couched in very general terms, was addressed to the individual members of the profession generally. The disposition to which I refer is well illustrated by the action taken in reference to preliminary education. The Convention at Philadelphia had declared the necessity of a more elevated standard of preliminary acquirements, but had pointed out no special mode for securing its adoption in practice. To supply this defect, one of the County Medical Societies in New York, (I think the Erie County Society, assembled at Buffalo,) appointed a Board of Censors, and made it the duty of all members to require of young men applying for admission into their offices as students of medicine, to bring a certificate from said Board, that they possessed the requisite preliminary education. The same measure was brought before the New York State Medical Society, at its next annual meeting, and resolutions were adopted, requiring all its members to demand of students, before admission into their offices, either a regular diploma from some established Literary Institution, or a certificate from a Board of Censors, that they possessed at least the amount of general knowledge set forth in the standard of preliminary attainments, adopted by the National Convention of 1847; and also, recommending all the County Societies in that State to appoint Boards of Censors for that purpose. It will be seen that the Standing Committee on Medical Education, which reported to the meeting of the Association, in Boston, fully endorsed this plan, and in their second resolution, already quoted, recommended it for adoption by all the State, County, and voluntary Medical Associations throughout the whole country. This was a specific plan, fully within the control of the local profession everywhere, eminently practical in its nature, and well calculated to secure the end proposed; and yet, the Association after adopting a resolution strongly advising the *Medical Colleges* "to require from students, that they shall, in all cases, produce certificates of preliminary education," rejected this plan, and in its place adopted the very general and vague recommendation, "that physicians generally,



throughout the Union, be advised and requested to require of those wishing to become their pupils, *evidence of a proper general education*, before admission into their offices." By such action, the Association directly refused to provide or recommend any regular mode, by which the student was to procure the very certificate, which the Medical Colleges were advised to require of him. Of course, the latter have paid no heed to the *advice*, and the subject of preliminary education remains very nearly where it was before the Association was organized, at least so far as regards the adoption of any general or uniform standard. If it was the general practice for students to commence their studies by enrolling their names on the matriculation book of some Medical College, and attending a Course of Lectures on the more elementary branches, such as Anatomy, Chemistry, Physiology, &c., then there would be propriety in requesting the Colleges to require, in all cases, a certificate of proper preliminary education. But it is well known that nine-tenths of all the students, first enter the office of some practitioner, and there pursue their studies from six months to two years, before they attend any Medical College. When they come to the College, they bring to the Faculty letters of introduction from their preceptors, setting forth that they have studied a certain length of time, and possess good moral characters. Suppose it is soon ascertained that one half of them are sadly deficient in their general education; a second look at their letters of introduction and certificates of study, will show that their preceptors are members of the *State Medical Society*, in good standing, and not unfrequently, even members of the American Medical Association. Now, is it reasonable to suppose that the Colleges will ever go back of the private preceptors, and take the responsibility of shutting such students out of their Halls? Certainly not. But they will continue, as they have done, to claim that the responsibility of exacting proper preliminary education is with the profession at large, and that the place to demand evidence of it, is at the door of the office in which the pupil proposes to commence his studies. In this, the Colleges are right, and the sooner the members of the profession can be made to feel their individual responsibility in the matter, the better for all parties. And this leads directly to what we deem the second great cause of failure in our efforts to improve the education and usefulness of the profession, viz: the absence of a due sense of individual responsibility, and of a willingness to act up thereto, on the part of the great mass of medical practitioners.

It is a very easy matter for men to assemble in Conventions and Societies, and declare abstract truths in formal resolutions.

For instance, nothing is more easy than for anti-Slavery men to meet and resolve that slavery is a great moral, social, and political evil. But to devise a practicable mode of doing it away, which shall be *just* to all parties, is a task defying the profoundest intellect, and the purest philanthropy.

So to, it is very easy for medical men to meet and declare in formal resolves, that the standard of education, both preliminary and medical, is *too low*—that the Colleges ought to require this and that. But so long as they not only feel no *individual* responsibility in the matter, but return to their homes and send directly from their own offices, young men to the Colleges, who are grossly deficient in almost all the elementary branches of knowledge, they must not only expect to see their resolves unheeded, but they need feel no surprise if some wanton critic should liken them to the *Lawyers* of old, who were accused of "*binding heavy burdens and placing them on other mens' shoulders, while they, themselves, would not so much as touch them with one of their fingers.*" We have no apologies to offer for the many delinquencies of the Colleges; but all the defects of the profession are, by no means, attributable to them. Neither can they be all removed by any action of these institutions. To effect this, the profession at large, and in their individual capacity, must, not only resolve, but *act*; and that too, under a proper sense of personal responsibility and influence.

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*Albuminuria: Congestion and Hypertrophy of Kidneys: Bright's Disease: Fatty Degeneration.* BY JOHN H. GRISCOM, M. D., of New York.

The investigation and development of the branch of medicine indicated by the above terms, afford one of the most gratifying instances of the advance of modern pathology: fresh fields of observation are opened to us, and we are supplied with new and most valuable means of arriving at correct diagnosis, in a class of ailments, which, though of highly important character, and by no means infrequent, have, until very recently, been almost a *terra incognita*. The elaborate investigations and fertile results of the labors of Bright, Prout, Christison, and numbers of others, including several able pathologists in our own country, in this

line of observation, have gone far to settle the question of the true nature and frequency of renal disorders, and direct us the mode of their examination.

It is not my intention, and it would be presumptuous in me, after their elaborate publications, to attempt an Essay on these diseases. My object in this paper is simply to offer some remarks on the subject of Albuminuria, especially in relation to its true value as a diagnostic symptom in diseases of the kidneys, together with a criticism upon the propriety of the use of the term as it is now commonly employed; what I have to say being founded chiefly on the observation of a few cases of renal disorder, which came under my care during my attendance at the New York Hospital, in the first three months of the present year.

The term "Albuminuria," has of late come into very common use as the cognomen of a disease, or some one of a class of diseases, recently found to be of frequent occurrence. When, some years ago, this branch of medical inquiry was first presented to the notice of the general practitioner, the fact of the existence of albumen in the urine, was believed by many to be the disease which was to be treated,—that it was dependent upon some functional disturbance of the kidneys, whereby in some obscure way this substance was eliminated from the blood, or generated *de novo*, by the secreting vessels, and deposited in the urinary current. To counteract this tendency to its formation, was for a time, the chief object aimed at in the treatment; and if successful in this, the disease was believed to have been removed. Hence the class of remedies which, under this view, were indicated, consisted of those which were presumed to have the power to neutralize, so to speak, the supposed subverted chemical influence, which resulted in the elimination of the albumen. It was, however, soon seen that this was a very unphilosophical view of the symptom, and although the precise mode in which the albumen finds its way into the urine, is yet unsettled, and the nature of its connection with the nephritic disorder is unexplained, yet it is of much value as a *finger*, to point to the most probable source of the patient's disturbance of health.

The employment of the word as a diagnostic term, is therefore erroneous; it does not partake of the accuracy which should always, as far as possible, characterize medical language. It represents rather a symptom than a disease. Albuminuria means simply *albumen in the urine*, and is derived from the mere fact that on the application of nitric acid, heat, or other proper reagent, to the urine of the patient, albumen is coagulated, and is precipitated in greater or less quantity. But the im-

mediate source of this stranger, in this secretion, is not explained by the term. That it is ultimately derived from the serum of the blood, may be readily supposed, but whether it finds its way with the urine through the kidneys, (and if so, whether by a physical or pathological process,) or whether it is deposited in the bladder from the circulating vessels of that viscus, and there mingles with the urine previously deposited from the ureters, are questions upon which sufficient light has not been shed. Certain it is however, that albuminous urine is not a pathognomonic symptom of any disease, as the cases I shall give will show, much less can it be called a disease itself. With equal propriety might anasarca be denominated a disease, when we know it to be only the *result* of some disorder not indicated by the name. To determine the true value of albuminuria as a symptom, it must be compared with others, and such weight only be given to it, as it may be found, corroborative of them. Alone, it leads to uncertain and even contradictory conclusions. It is common to more than one disorder, diverse both in nature and indications of treatment.

This is exemplified by the two following cases of nephritic disease, which present some points of similitude, especially that of urine deficient in quantity and copiously albuminous, but which differ widely in their real nature.

*Case 1.* Harriet Savage, æt. 16, single, admitted into the Hospital, March 2d. About two months before, she perceived the commencement of general anasarca. She had not been previously sick, had had no pain in the lumbar region, nor any trouble in chest or abdomen. She had never menstruated. When admitted, the whole body was enormously bloated, especially the face and neck, which were oedematous to a remarkable degree, giving her the appearance of a very fat old woman. She could speak with very great difficulty, and her respiration was accompanied with gurgling, referrible to oedema of the glottis and posterior fauces. Is now very deaf. Urine very scanty, not a half pint in 12 hours, and deposits albumen abundantly, by heat and nitric acid. Sp: Gr: 1018. Patient very much exhausted by the fatigue of removal, and threatened with suffocation from the accumulation of fluid in the lungs, and about the air passages. Diaphoretics and counter irritants were the only admissible means of treatment, under which she improved a little for two days. The improvement was however, but temporary, as four days after admission she died, literally drowned in her own fluids.

The autopsy revealed enormous effusions into the cavities, of the chest

and abdomen, as well as into the subcutaneous cellular tissue, which latter presented, under the knife, exactly the appearance of a fresh cut, very juicy, orange. The organs generally were exsanguineous, except the liver, which exhibited very considerable congestion of the portal system. The kidneys were greatly hypertrophied, weighing, one, eight ounces, and the other ten ounces, *but no traces of fatty deposit were discernible.*

*Case 2.* George Saffler, æt. 25, seaman, was brought in, March 25, at 11 o'clock, P. M., by the Police, who found him lying in the street. He was apparently drunk when admitted. Respiration labored, sighing, pulse eighty, full; skin warmer than natural, dry; could only tell his name and birth-place; pupils natural, eyes rolled up; apparently, there was entire suppression of urine; he passed none after admission. A very little was drawn off by the catheter, tested with nit: acid, and found to be almost wholly albumen. Sp. Gr. 1012. The next day he was entirely comatose; pupils insensible. Tracheal rale; feet and face œdematous. Fifty hours after admission, he died.

The autopsy showed both kidneys enormously enlarged, weighing each, 16 ounces, pale, hard, with the tubular structure much encroached upon by the cortical portion, *which was abundantly studded with fatty granular masses*, presenting a rarely perfect specimen of this peculiar degeneration.

The kidneys in these two cases, presented two very diverse conditions of disease, one being, and the other not being, in a state of fatty disorganization, yet the urine in both cases, yielded albumen abundantly. Much other testimony might be adduced both from books and unreported cases, to show the non-reliability of this symptom in the diagnosis, and of course in the treatment of nephritic diseases; as for example, the observation of Drs. Christison and Carrigan, that the presence of albumen in the urine was not in itself a proof of organic lesion;—and it has even been remarked by Dr. Prout, that the *re-appearance* of albumen in the urine, was a favorable symptom;—but it is unnecessary to enlarge proofs on this point.

The tendency to, or the existence of, a deposition of fat in the secreting cells, and in the uriniferous tubes, though a very distinct disorder from congestion or inflammation of the kidneys, both are of very serious moment, call for very different treatment, and may afford very different prognosis from each other; one being an organic, the other rather a functional disorder.

On the other hand, the kidneys are sometimes found greatly diseased,

without the presence of albumen in the urine. Cases of granular degeneration in a marked degree, are sometimes observed, without any trace of albumen before death, even where the body was highly anasarous, and serous effusion in every large cavity oppressed the patient.

The result therefore is, that this test, so easily made, and apparently at first sight, so very conclusive of organic or functional disturbance of the secreting organs, cannot be relied on as a *pathognomonic* sign; that its evidence must be corroborated by other testimony, in order to enable us to arrive at a correct diagnosis.

To obtain this further testimony for the establishment of a correct diagnosis, the microscope affords the only means at present known to us. There are indeed various other tests of the changes which from time to time occur in the chemical composition of the urine, but in the field of this instrument only, can be obtained the evidence which is to settle the question of the true pathological state of the urinary organs. What the relative appearances are under this test, of the different states of disease to which these organs are subject, it is not my intention here to state; it would be at best but an imperfect recapitulation of them from the able authors whose works are, or should be, found in every Medical Library. The microscope, moreover, is not accessible to the great mass of practitioners, especially to those in country ridings. In cities they are to be found in several public institutions, as well as in the hands of private practitioners, and may be readily consulted.

Inasmuch, however, as, except the microscope, we have as yet no reliable means for the detection of the peculiar substances, especially the fatty particles, which constitute the chief indications of difference between the various renal diseases, it is to be hoped that the attention of ingenious men will be directed to the subject of some more accessible method of distinguishing them.

In the mean time, and in the absence of more definite resources, a ray of diagnostic light may perhaps be extracted from the *progress of the case while under treatment*, especially in its early stages.

It will be remembered that the principal object is to determine whether the disease of the kidneys, in the case before us, is functional, or structural; whether it is a simple congestion, or inflammation, or a physical disorganization; whether it is a case of fatty degeneration, or not. The microscope, by revealing the physical products of the diseased action, will most certainly determine the question. But in the inaccessibility of this test, have we any other source of light?

So far as I have observed these cases, there appears to be a result of



treatment, which, though subject of course to variation, presents some degree of uniformity, from which a diagnostic inference may be drawn. Thus it has been observed, that in one portion of the cases in which the presence of albuminous urine seemed to indicate the existence of nephritic disorder, the influence of treatment in increasing the amount of urine was generally much more prompt and decided than in the others. It will readily be inferred, that these are the cases in which the kidneys are *functionally* rather than *organically* deranged. Though the general condition of the patient may be very similar, in most respects, both presenting anasarca, deficient urine, mostly freedom from local pain, more or less dyspnoea, &c. and the general indications for treatment, also much alike, yet it is found that one class of these cases, the simple inflammatory or congestive, in distinction from those of the fatty disorganization, far more readily respond to efforts to re-open the closed secretions, than do the others. The two following cases will illustrate this point.

*Case 3.* Carl Luckner, seaman, admitted, Feb. 28. One year ago, while in the West Indies, he first noticed some puffiness about the neck, near the parotid gland, and under the lower jaw, which spread downward over the surface of the body. He was relieved in a Hospital at Hamburgh, and well for about six months. Three days before admission into the New York Hospital, he was again attacked in a similar manner. He has never noticed any affection of heart, lungs, liver, or kidneys. There is no general oedema. The quantity of urine on admission was small, with an acid reaction. Sp: Gr: 1018, albumen 250: 1000. The patient's general condition is good,—he is strong and ruddy. A microscopic examination of the urine developed only lithic acid crystals in abundance, no fatty matter being discernible. He was treated for the first fortnight with diaphoretics and diuretics, consisting chiefly of the vapor bath; Spts: Minder:, and infusion of Diosm.; Cren: with no improvement in the quantity of urine, until he was bled to the extent of 8 or 10 ounces, about a fortnight after admission, when the quantity rose in three days from less than one pint to two pints and three quarters pints, and in the course of the next fortnight, to six and three quarters in 24 hours. The oedematous effusion diminished, and the patient soon left his bed.

*Case 4.* P. A. F. æt 53, admitted, Feb. 20. One week previously complained of pain in the epigastrium, slight soreness of throat, and immediately noticed oedema of face and feet. No febrile excitement accompanied these symptoms. He attributed the attack to cold and over

exertion in nursing a relative for several weeks, under arduous circumstances. Gave up work three days ago. On admission find the pulse natural, skin moist and warm; œdema of the feet, face, and abdomen; cough and dyspnoea, with sonorous rœchus over the chest, and mucous rale at base of both lungs; countenance pale; urine of fair color, one pint and a half in 24 hours, with free albuminous reaction by heat and nitric acid—Sp: Gr: 1013. No cardiac complication, nor hepatic disturbance, appetite fair. Under the usual course of diuretic and diaphoretic treatment, aided by an occasional hydrogogue cathartic, the patient's general condition improved considerably—the œdema subsided somewhat, though it never disappeared, but the quantity of urine voided in 24 hours, *could not be raised above two and a half pints at any time*, and was rarely over two pints. Its microscopic examination developed cells containing fat in abundant quantity,, with casts of uriniferous tubes, and blood corpuscles. As the œdema of the external cellular tissue subsided, œdema of the lungs supervened in a more decided degree, complicated at last with pneumonia, under which he sank comatose, 40 days after admission, having passed no urine at all, in the last 36 hours of his life.

The noticeable points in these two cases, in contrast with each other, were *first*, the absence, under the microscope, of any trace of fatty matter, or other disorganized substance, in the one case, and their abundant appearance in the other; and *secondly*, the ready restoration of the secreting power of the kidneys in the one case, and its failure in the other. My argument assumes that there is a more or less intimate relation between the pathological condition of the kidneys, and the result of the treatment, in both cases, and that from its success in the one, and its failure in the other, an inference may be drawn of the organic or inorganic nature of the disorder. This idea is not based upon the observation of these two cases alone, (which are presented as illustrations merely,) though it is, confessedly, upon an extent of observation, insufficient for a settlement of the question. Nor, indeed, could this rule, though based upon a very general observation, be expected to be uniform, for though in cases of fatty degeneration, the restoration of the secreting power can never be reasonably expected; in many cases of the other class of disorders, the derangement may have proceeded to such a height as to render the difficulty insurmountable. In such cases, the suggested diagnostic observation must fail, though it will generally render the prognosis more certain. But upon a *prima facie* consideration, a restoration of the secreting function would seem far more likely in a case of

mere congestion or inflammation, or even hypertrophy of the kidneys, than in one of granular degeneration. I submit thought for what it may be worth, desiring only to lend a little aid in the development of this new but highly interesting field of study and practice, and in the hope that others may either confirm or disprove its value, as facts may warrant.

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*Observations on the medical virtues of some of the most prominent Indigenous Vegetables grown in Vermont.*

By ARIEL HUNTON, M. D.

NUMBER III.

#### NARCOTICS.

*Solanum Nigrum*,—*American Nightshade*. This article is an annual plant, by some classed among the exotics, but I think it is a native. The stem is branched, glabrous, leaves ovate, berries abundant, and black when ripe; has the rank narcotic odor, placed in the fifth class in Botany, which contains many narcotic, or poisonous plants.

I use this plant solely in the bone ointment, we have male and female Cancer *Doctors*, who use escharotics and caustics to displace a pimple on the face, calling it a cancer, and use the inspissated juice, as an alterative, and in a plaster to the part, to blunt the virulence of the caustic application.

*Datura Stramonium*,—*Jamestown weed*, is a narcotic of much activity. This is also an ingredient in the bone ointment, and indispensable. I use the inspissated juice more than any other narcotic, opium excepted. I administer it in pills the bulk of one half kernel of wheat, or enough to slightly dilate the pupils, preferably to any other narcotic in neuralgia.

The leaves simmered in lard are excellent in piles, boiled in water applied in a fluid state, or in the form of cataplasm to painful tumors, or phlegmons will usually assuage pain; a tincture of the seeds, or leaves is used as a substitute for the inspissation.

*Hyoscyamus Niger*,—*Black Henbane*. This is a naturalized plant, and much used as a narcotic; the infusion, tincture, and extract are all in repute for the relief of painful and obstinate inflammations; the internal use of this article, as well as stramonium will promptly allay irritation, and is preferable to opium in costive habits, as it does not constipate the bowels; in large doses it occasions a disagreeable dryness in the mouth, and fauces.

*Cannabis Sativa*,—*Hemp*. This is an ingredient in the ointment of which a recipe follows. It is proper to state that this is a naturalized plant sensibly narcotic, and the seeds contain a mucilage. It is a plant of some activity, belonging to the *Diacious* Class, and may be employed with advantage externally in painful affections.

In treating of narcotics, I omit *Digitalis Purpurea*, *Conium*, and several others, intending to describe those used in the ointment I have mentioned, which is principally composed of narcotic and mucilaginous vegetables, with a few vulneraries.

#### MUCILAGES.

Some of our vegetables contain a greater quantity of mucilage in the same bulk, or weight than others; but the medical virtues of all pure mucilages is the same; internally they blunt the acrimony of humors, lubricate the mouth and fauces, and prevent friction in the act of coughing. Externally they soothe the anguish of cutaneous eruptions, also in denuded surfaces, where inflammation succeeds vesication, scalds, burns, &c. They are useful in most of the diseases of the renal, and urinary organs, and always a safe prescription, in any ailment.

*Ulmus fulva*,—*Slippery Elm*. As to the quantity of mucilage, this article stands at the head of this class of medicines among us, for we have not the sassafras, of which the pith of the young shoots contains more mucilage than any other substance, if we except *Tragacanth*.

Slippery elm water is much used in this vicinity, in the complaints above enumerated, in regular, as well as domestic practice.

*Abies balsamea*,—*Canada Balsam*, *Fir tree*, the bark of which, aside from the balsam; contains a large quantity of mucilage, which it readily yields to cold water by stirring. A small tree in the open land, where it has the direct influence of the sun, contains a far greater quantity of mucilage, than one from the forest; the fir water, or tea, is a safe and efficient expectorant in nearly all lung diseases, especially for children, it being not unpalatable. I have used this remedy with others in pneumonia, and pleurisy where an expectorant is demanded, with marked success, for many years.

*Althea Officinalis*,—*Marsh Mallow*. The various species of mallows contain a mucilage, is an ingredient in the bone ointment, and is used as any enema in dysentery, or any irritation of the rectum.

*Cuttail flag*, the root—botanical name not known by me,—this article contains a large proportion of mucilage. The roots bruised, or pounded in a mortar, then immersed in cold water, or simmered until soft, are applied

in form of a cataplasm, to inflamed surfaces, without any addition particularly to burns, and is in frequent use for such purposes.

**Portulacca Aleracea.**—*Garden Purslane*, is an esculent plant, containing mucilage in abundance, is used for the same purposes, as the last described, bruised, with no addition except water, applied to inflamed surfaces as a cataplasm.

**Prunella Vulgaris.**—*Heal-all*. I am not sure I have the proper botanical name of this plant; it grows in our pastures and mow-fields,—height from six to ten inches; a head the bigness of a man's thumb, about one inch in length; blue labiate blossoms standing out horizontally from the head; belongs to the class didynamia; contains a mucilage.

**Sempervirens Tectorum.**—*House leek*, a mucilaginous plant.

**Symphytum Officinale.**—*Comfrey*, the same medical class.

**Viola Tricolor.**—*Heart's ease*, contains a mucilage.

The three last are mentioned, because they enter into the formula of the ointment, and quite a number of articles used are not described in the above list.

Following the above descriptions, I will give a recipe of the *Kittrege Bone Ointment*, which has been used with celebrity by men of that name in New England for more than a century; it is used by them and others in contusions, sprains, fractures, dislocations, phlegmonous inflammations, &c. In obstetrics, it is very useful to lubricate the vagina and perineum, it facilitates dilation, and mitigates the pains in the passage through the vulva. The tenderness usually experienced by females in the vagina after parturition, is promptly relieved by an application of this ointment, per vaginam.

#### RECIPE FOR THE KITTREGE BONE OINTMENT.

|                                   |                                 |
|-----------------------------------|---------------------------------|
| R Melilotus Officinalis,          | Lillium Flavum, rad.            |
| Malva Sylvestris,                 | Anthemis Nobilis,               |
| Salvia officinalis,               | Artemisia Absinthium,           |
| Nicotiana Tabacum one large plug, | Solanum Nigrum, American Night- |
| Humulus Lupulus, fol.             | shade,                          |
| Plantago Major,                   | Viola Tricolor,                 |
| Sambucus Canadens. "              | Hypericum perforatum St. John's |
| Aretium Lappa, "                  | wort,                           |
| Rumex Acetosa, "                  | Sempervirens Tectorum,          |
| Symphytum Officinale, fol.        | Datura Stramonium,              |
| Hyoscyamus Niger, "               | Prunella Vulgaris—à à pugil.    |
| Cannabis Sativa, "                |                                 |

The recipe, it will be observed, is a farrago of narcotic and mucilaginous vegetables, and a few vulnerary herbs and roots. They should be

gathered the last of July or first of August, when the virtues have attained maturity, and the articles are in full vigor. There should be enough of the articles to fully saturate the lard, and they should be used while green. I seldom obtain all the articles—the most essential are the narcotic and mucilaginous. I usually make ten pounds each year. My recipe was originally from Dr. Jonathan Kittrege, of Canterbury, New Hampshire.

Put your herbs in an iron vessel, with a cover, add one gill of water to obviate incineration, add your lard or butter the quantity you intend to prepare, simmer over a slow fire a long time, at least two days, and until the herbs are fried, or crisped, then strain with pressure.

At this warm season, after the the morning or evening repast is cooked the fire is suffered to subside, I then set my pot over the fire, and let it remain until the fire goes out. I do this every day, or twice a day, for two or three weeks, stirring the herbs occasionally.

I have used this ointment forty years, and can speak in its favour. I believe that any physician who will take the trouble to prepare the article and use it as directed, will be amply paid for so doing.

HYDE PARK, VERMONT, *July*, 1854.

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#### BIOGRAPHY.

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##### Biographical Sketch of John C. Warren, M.D., Third President of the American Medical Association.

DR. JOHN COLLINS WARREN, was born in Boston on the first day of August, 1778; his family were among the earliest inhabitants of that city. His father, Dr. John Warren, was in the public service as a surgeon, during the whole Revolutionary war, became a physician in Boston, and was the first Professor of Anatomy in New England. His mother was the daughter of Governor Collins, of Rhode Island. General Warren, who was killed at Bunker Hill, was the elder brother of Dr. John Warren, and was himself an eminent physician and surgeon of Boston.

The subject of this memoir, having received the preliminary education at the Boston Public Latin School, where he obtained the first Franklin Medal, (a distribution made according to the Will of Franklin, to meritorious scholars,) entered Harvard University, from which he graduated in 1797. After obtaining the elements of anatomical know-



ledge at home, he visited Europe, where he entered Guy's Hospital, in London, as a pupil of William and Sir Astley Cooper. At that period, Cline, Abernethy, Home, &c., were on the stage in London; the Munroes, Gregory, Duncan, and the Bells, in Edinboro'; Cuvier, Bichat, Chaussier, Dubois, Alibert, Desfontaines, in Paris; to all of whom he had an opportunity of listening.

Returning to Boston in the latter part of 1802, he entered at once into the full practice of medicine and surgery, and married in 1803, the daughter of the Hon. Jonathan Mason, then Senator in Congress. In 1806 he was chosen Recording Secretary of the Massachusetts Medical Society, and the same year was appointed Adjunct Professor of Anatomy, as colleague to his father. Drs. Warren, Dexter, Jackson and J. C. Warren, then united, to request the government of Harvard University to establish a branch of the medical school in Boston, as previously it had existed only in Cambridge; this was done in 1810. They also took the first steps towards connecting a practical school to the Medical Institution, by taking charge of the Hospital of the Alms-House. In 1808, was published the Pharmacopœia of the Massachusetts Medical Society, which had been prepared by Drs. Jackson and J. C. Warren. About this time, Dr. Dexter declined the office of Professor of Chemistry, and Dr. Gorham was appointed his successor.

The first Anatomical Lectures in Boston, were given (1809) over the shop of a chemist, 49 Marlboro' street, and the first public dissecting room was opened in the same place by Dr. J. C. Warren. From this period to about 1820, a regular series of steps was taken towards the formation of a Hospital; and the principal gentlemen of Boston entering with spirit into the matter, established two Hospitals, one for the sick, the other for the insane. The McLean Asylum, for the insane, was opened at Somerville in 1818, under the charge of Dr. Rufus Wyman, as Superintendent and Physician. The Massachusetts General Hospital was opened in September 1821, in Allen street, Boston; to this institution Dr. Jackson was appointed Physician, and Dr. J. C. Warren, Surgeon.

In 1815, occurred the death of Dr. John Warren, then President of the Massachusetts Medical Society, and Dr. J. C. Warren was chosen Professor of Anatomy and Surgery, lecturing at the same time on midwifery and physiology. In the same year, 1815, was erected in Boston, the Massachusetts Medical College, a substantial brick edifice belonging to Harvard University, the funds for which, were chiefly procured by the appeals of Drs. Jackson and Warren.

In 1827, Dr. J. C. Warren was chosen President of the Massachusetts Temperance Society, a situation which he still continues to hold after the lapse of twenty-seven years. In 1832, he was chosen President of the Massachusetts Medical Society, and resigned his office in 1834.

After having labored in his profession thirty-five years, he went to Europe in 1837, with his family, to renew his acquaintance with his old friends, and to obtain new ones. From this visit he returned in the latter part of 1838, and resumed the lectures on Anatomy and Surgery.

The death of Mrs. Warren occurred May 8, 1841. During the thirty-seven years and a half of married life, there were born unto them three sons and three daughters. In October 1843, Dr. Warren espoused for his second wife, Anna Winthrop, daughter of Governor Thomas L. Winthrop. She died December 17, 1850.

In 1846, Dr. Warren performed the first surgical operation with ether. In 1847, he was chosen President of the Boston Society of Natural History, an office which he continues to fill with unabated interest. In the same year, being then nearly seventy years old, he resigned the office of Professor of Anatomy and Surgery, and soon after presented his Anatomical Museum, (the acquisition of half a century, and supposed to be worth at least ten thousand dollars) to Harvard University, for the benefit of the Medical School, with the sum of five thousand dollars to keep it in order.

As President of the American Medical Association for the year 1849-50, he delivered the Annual Address before that body, at their meeting in Cincinnati, in May, 1850.

In January, 1853, he resigned the office of Surgeon to the Massachusetts General Hospital; whereon the Trustees of that Institution presented him a vote of thanks, and placed his bust in their Hall.

The following is an accurate list of Dr. Warren's publications, viz :

1. Cases of Organic Diseases of the Heart. 1809, pl. 2. p. 109.
2. Description of an Egyptian Mummy. 1821, pl. 2, p. 36.
3. Description of the Siamese Twins. 1829, pl. 1, p. —
4. A comparative view of the Sensorial and Nervous Systems in men and Animals. 1822, pl. 8, p. 159.
5. A letter to the Hon. Isaac Parker, Chief Justice of the Supreme Court of the State of Massachusetts, containing remarks on the Dislocation of the Hip-Joint, &c. &c. 1826, pl. 5. p. 142.
6. Surgical Observations on Tumors, with Cases and Operations. 1837, pl. 16. p. 607.
7. Physical Education and the Preservation of Health. 1846. p. 90, 12 mo.
8. Etherization; with Surgical Remarks. 1848. 8vo. p. 100.

9. Effects of Chloroform and of strong Chloric Ether as narcotic agents. 1849. 8vo. p. 66.
10. Remarks on the use of Alcohol in the Preparation of Medicines. 1849. 8vo. p. 8.
11. On the Prevention of Constipation. 1850. 8vo. p. 16.
12. Address before the American Medical Association, at Cincinnati. 1850. 8vo. p. 65.
13. The Mastodon Giganteus of North America. 1852. qto. pl. 27, p. 219.
14. Address to the Boston Society of Natural History. 1853. 8vo. p. 48.
15. The Preservation of Health; with remarks on Constipation, old age, use of Alcohol in the preparation of Medicines. 1854. 12mo. p. 140.
16. Remarks on some Fossil Impressions in the sand-stone rocks of Connecticut river. 1854. 8vo. p. 54, pl. 3.
- 1824 and 1846. Some account of the Medical School in Boston, and of the Massachusetts General Hospital. 8vo.

## NON SCIENTIFIC.

1804. The Monthly Anthology and Boston Review—co-editor.
- 1821 and 1822. The Gospel Advocate, conducted by a society of gentlemen.

## MEDICAL PAPERS COMMUNICATED TO MASSACHUSETTS MEDICAL SOCIETY.

1806. History of a wound of the Femoral Artery. No. 2. part 1. pp. 40-48.
1807. Case of Strangulated Crural Hernia. part 3, pp. 44-51.
1808. Report on Vaccination, in concert with Drs. Warren, Dexter and Jackson. No. 2. part 2, Appendix, pp. 89-138.
1810. Report respecting a disease commonly called Spotted or Petechial Fever, &c. &c., with cases; in concert with Dr. Thomas Welsh and James Jackson. vol. 2, Art. xi. pp. 111-234.
1810. Letter to a Republican member of the House of Representatives of Massachusetts, on the establishment of a new College of Physicians in Boston.

## THE NEW ENGLAND MEDICAL JOURNAL.

- Vol. I. A. D. 1812. Cases of Apoplexy with Dissections, p. 34-41 and p. 154-159. Cases of Organic Diseases of the Heart and Lungs. pl. 1. p. 120—130.
- Vol. II. A. D. 1813. Observations on some diseased Eyes. p. 271-277. Collections of Morbid Anatomy. p. 153-161.
- Vol. III. A. D. 1814. Account of the Appearances, on the examination of ancient Dislocations of the two ossa humeri, in the same subject. p. 145-151.
- Vol. V. A. D. 1816. Observations on some disorders of the eyes. p. 148-155.
- Vol. XII. A. D. 1823. A case of Aneurism cured by ligature of the external iliac artery. pl. 1. p. 225-229.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

- Vol. I. A. D. 1828. Cases of Neuralgia, or painful affections of Nerves. pl. 1. p. 16. Some Observations on Ulceration of the Kidneys, with cases. p. 465-472, 481-489.
- Vol. II. A. D. 1829. Facts relating to the Influence of decomposing Animal Matter in producing Fevers. pp. 1-7, 17-24, 33-39. Cases of Neuralgia, or painful affections of Nerves. pp. 97-102, 113-118, 129-135, 145-151, 177-185. Nosological Place of Neuralgia. p. 209.

- Vol. III. A. D. 1830. Influence of the climate of St. Augustine, Florida, on pulmonary affections. p. 713-718.
- Vol. XV. A. D. 1836. Aneurism of the external iliac artery. pp. 309-313, 331-334.
- Vol. XVII. A. D. 1837. Medical Memoranda—a letter from Europe. p. 229-231.  
American Crania. p. 249-253.
- Vol. XVIII. A. D. 1838. Letter from Europe. p. 42-46.
- Vol. XXVI. A. D. 1842. Removal of the of maxillare Superius, for a cephalomatous disease. p. 9-15.  
Massachusetts General Hospital, Surgical cases treated. pp. 171-173, 205-207, 220-221.
- Vol. XXXV. A. D. 1846. Inhalation of Etheral Vapor, for the prevention of pain in Surgical operations. p. 375-379.
- Vol. XXXVI. A. D. 1847. Valedictory to the Medical School. p. 138-142.
- Vol. XLII. A. D. 1850. More deaths from Chloroform. p. 49-52.  
Address to American Medical Association. p. 403.

## AMERICAN JOURNAL OF THE MEDICAL SCIENCES.

- Vol. III. A. D. 1828. On an operation for the cure of Natural Fissure of the Soft Palate. p. 1-3.
- Vol. V. A. D. 1829. An account of the Siamese Twins, brothers united together from their birth. pl. 1. p. 253-256.
- Vol. X. A. D. 1832. Two cases of accidents, from admission of air into the veins during Surgical operations. p. 545-548.
- Vol. XIII. A. D. 1833. Removal of the Clavicle in a state of osteosarcoma. p. 17-20.  
Non-existence of Vagina remedied by an operation. p. 79-80.
- Vol. XIX. A. D. 1836. Aneurism of the external iliac artery—ligature to this artery—death. p. 541-546.

## NEW SERIES.

- Vol. III. A. D. 1842. Removal of the Os Maxillare Superius, for a Cephalomatous disease. p. 506-510.
- Vol. VIII. A. D. 1844. On the bi-lateral operation of Lithotomy; and on Lithotripsy in the female. p. 293-309.
- Vol. IX. A. D. 1845. Cases of Strangulated Hernia, with some remarks, principally intended to show the necessity of an early resort to the operation. p. 13-29.
- Vol. X. A. D. 1845. Peculiar case of Gelatiniform Cancer, in which nearly all the organs of the body contained colloid tumours, with the appearances on dissection. p. 527-531.
- Vol. XIII. A. D. 1847. Inhalation of Etheral Vapour for the prevention of pain in Surgical Operations. p. 260-262.
- Vol. XVII. A. D. 1849. Effects of Chloroform as a narcotic agent. p. 379-401.
- Vol. XIX. A. D. 1850. On the prevention of Constipation. p. 291-298.

## PROCEEDINGS OF BOSTON SOCIETY OF NATURAL HISTORY.

## VERBAL.

- Vol. II. A. D. 1837. *Dinornis Gigas*, Nov. 3.  
*Mastodon Elephantoides*, Nov. 17.

- Vol. III. A. D. 1848. Entering New Building, Jan. 5.  
 Comparison of *Dinoris Gigas*, with the Ostrich and Dodo, *ibid.*  
 Ether as an excitant, Feb. 15.  
 On the collection made by the U. S. Exploring Expedition,  
 and Mastodon remains, June 7.  
 Species of Mastodons, Jan. 3, 1849.  
 Geological position of Mastodon, Feb. 7.  
 The Zeuglodon—Three Peruvian Skulls, May 16.  
 Tradition of the Delaware Indians, June 6.  
 The American Manatus, Nov. 21.  
 The *Plesiosaurus Dolichodeirus* and Fossil Saurians, Dec. 3.  
 Comparative value of American Sandstones, Feb. 20, 1850.  
 Donation from Hon. East India Company, Nov. 6.  
 Additional casts from do. do., Nov. 20.  
 Vol. IV. A. D. 1852. Mastodon *Angustideus*, (a tooth) Nov. 17.  
 Importance of introducing foreign fish into our waters. Dec. 15.  
 Ornithichnites, fossil Foot-marks, (Am. Traveler, Dec. 1, 1853.)

## WRITTEN.

- On First vol. Transactions of the Royal Society. April 5, 1848.  
 Vol. IV. A. D. 1852. *Felis Smilodon*, Oct. 6, 1852.  
 Great Bird of Madagascar, Oct. 20, 1852. (Am. Traveler  
 Oct. 23).

## PROCEEDINGS OF THE AMERICAN ACADEMY OF ARTS AND SCIENCES.

- Vol. II. April 6, 1852. Visit to the Eppelsheim fossils and *Dinotherium Giganteum*,  
 p. 305-310.

## MEDICO-CHIRURGICAL TRANSACTIONS.

Published by the Royal Medical and Chirurgical Society.

- Vol. XXVII. 1844. Peculiar case of Gelatiniform Cancer, in which nearly all the  
 organs of the body contained colloid tumors, with the ap-  
 pearances on dissection. p. 385-398.  
 Vol. XXIX. 1846. 11. History of a case of ligature of the left subclavian artery, be-  
 tween the scaleni muscles, attended with some peculiar  
 circumstances. p. 25-36.

## PROCEEDINGS OF MEDICAL SOCIETIES.

*Extracts from the Minutes of the New York Pathological Society.*

June 14th,—*Dr. Allen* presented a specimen of cystic sarcoma, removed from the right groin of a man at the N. Y. Hospital, by Dr. Van Buren.

Some months since, several small tumors were noticed in the groin but soon disappeared. Four months ago, the present tumor was observ-

ed. It was soft and unaccompanied by pain. It gradually increased in size, until pressure on the veins caused oedematous effusion in the cellular tissue of the thigh and leg, with local pain. The tumor was free, having no apparent attachment to the skin. After removal, it was found to be made up of serous cysts, mainly connected with each other by cellular tissue, the smaller cysts adherent to the walls of the larger. There were two or three small masses of more condensed tissue, exciting a suspicion of malignancy regarding the tumor.

*Dr. Isaacs*, who had submitted the specimen to microscopical examination, did not find in it well marked cancer cells. He thought that the tumour originated in an enlarged lymphatic gland.

*Dr. Sayre*, presented a kidney, taken from a woman æt. 28, who had died of chronic inflammation of the bladder. Inflammation of the kidneys was also suspected. After death, the bladder was found highly inflamed, and there were numerous abscesses throughout the substance of the kidneys. The cavities were lined with membrane, and contained a cheesy pus. Tuberculous deposits over the peritoneum were abundant, and led to the suspicion that the abscesses were also tuberculous. *Dr. Sayre* inquired if tubercles were often deposited in the kidney?

*Dr. Markoe* had seen several cases.

*Dr. Isaacs* had seen about a half dozen.

*Dr. Bailer* had recently seen a case of fracture within the capsule of the neck of the femur, which had united by bony union, without deformity.

June 28.—*Dr. Johl* presented for *Dr. Finnell*, a portion of the brain of a man, who, while intoxicated, was knocked down by a blow under the ear, and fell heavily to the side-walk, striking his head. He died in about thirty minutes. On removing the calvaria, the surface of the brain was seen to be scarlet from the intense congestion of its capillaries, but there was no clot found, nor any collection of blood in the sinuses, nor was there any fracture of the skull.

*Dr. Jenkins* exhibited for *Dr. Finnell*, the uterus, bladder, and an enlarged and tuberculous mesenteric gland, removed from a girl æt. 18 years, who died of effusion into the ventricles of the brain. She had never menstruated. The tubercular deposit existed in several of the mesenteric glands, but contrary to Louis' law, not a trace of tubercle was found in either lung. The walls of the bladder were thickened, and its cavity was contracted. The cavity of the uterus was very small, hardly large enough to contain a peach pit. Though not menstruating



normally, the patient had a sanguinolent discharge *monthly*, from scrofulous cervical glands.

*Dr. Sayre* exhibited a portion of the right lower maxilla, removed by him from a gentleman *æt.* 52 years. He had been always healthy, and had no hereditary taint. Fourteen years since, a small tumor appeared on the right maxilla, between the first and second incisors, and increased slowly in size, until one year since, when it had obtained the size of a nutmeg.

As it began to grow more rapidly, one of the incisors was removed, from the socket of which there was much hemorrhage which was stopped with some difficulty. With the growth of the tumor, the bone became absorbed, and its periosteum distended, fluctuation being also present. A puncture let out blood and a milky fluid. *Dr. Sayre* removed the tumor soon after, now of the size of a lemon. The wound has healed well, without much deformity. On laying open the tumor, its interior was found to be made up of cells, two of them large and lined by a distinct membrane. There were numerous smaller dilatations occupying the whole tumor. From the favorable healing of the wound, and the previous good health of the patient, *Dr. Sayre* was inclined to make a favorable prognosis, but had submitted the tumor to *Dr. Markoe* for examination.

*Dr. Markoe* said, that the examination of a superficial portion of the tumor while fresh, showed it to be the fibro-plastic tumor of Lebert. The inner portion of the tumor had not been examined, the specimen having been put in alcohol, before it was laid open. *Dr. Markoe* had removed a tumor of the jaw, similar in appearance to this, and on examination found it unequivocally malignant.

*Dr. Sims* thought that malignant growths in the maxilla were rare, in comparison with non-malignant tumors of the region.

*Dr. Markoe* stated, that malignant growths of the maxilla had not the serious character and tendency to reproduction, possessed by other malignant growths.

*Dr. Markoe* exhibited a tumor of the cerebellum, removed *P. M.* from a young lady *æt.* 14 years, and narrated the following history of her illness. Three years before death, slight symptoms of declining health were manifest. She had attacks of headache with nausea, recurring at intervals of about four weeks. They disappeared on going into the country, and she seemed to have entirely recovered. But on her return to school in town, her former symptoms recurred, the paroxysms becoming a little more frequent, until one year before her death. She

now was observed to hesitate somewhat in walking, the motion of one limb being evidently embarrassed. The paroxysms of head-ache soon became more severe, and were prolonged to 4 or 5 hours, during which nausea and retching were persistent. Five months before death, slight convulsive action was noticed. The patient seemed in the intervals between the paroxysms, which occurred now every 4 or 5 days, nearly as well as ever. Slight feverishness was now occasionally observed. A month before death, she had a paroxysm which lasted four days, then was pretty well. She died in a stupor, after a paroxysm, her intellect not having become impaired up to this time.

Examination P. M. There were 3vj. of water in the ventricles, but no morbid appearance in the substance of the brain. On the upper part of the cerebellum was a spheroidal tumor, pressing down through the 5th ventricle upon the medulla oblongata. It was of the consistence of jelly surrounded by a fibrous cyst. After having been hardened in alcohol, its section shows it to be cerebriform in appearance. Dr. Mar-  
koe thought it noticeable, that while the morbid cause was constant and progressive, the symptoms of disease were only periodical.

NEW YORK, July, 1854.

## BIBLIOGRAPHICAL NOTICES.

1. *Transactions of the Iowa State Medical and Chirurgical Society. Third and Fourth Sessions, held at Fairfield, May, 1852, and Davenport, June, 1853.* Burlington; Telegraph Printing Co. 1854. pp. 48.
2. *Transactions of the Medical Association of the State of Alabama, at its Seventh Annual Session, begun and held, in the City of Montgomery, January 10-12, 1854, &c.,* Mobile; Dade, Thompson and Co., Printers. pp. 190.
3. *Transactions of the Medical Society of the State of New York, at its Annual Meeting in the City of Albany, held February, 1854.* Albany; Charles Van Benthuysen, Printer to the Legislature, 1854. pp. 150. (Public Document.)

Iowa, a few years ago, was a wilderness—a "boundless contiguity of shade," save where a bright prairie, those beautiful flower-gardens of nature, served for pasture ground to the nomadic tribes that wandered over it in pursuit of their enemies or their prey.

But now, Iowa is the abode of civilization. Cities, towns, villages, farms, churches, and school-houses, have replaced the wigwam of the Indian, and the "medicine man" of twenty years ago, has been succeeded by the accomplished and scientific physician of modern times. Our brethren of Iowa have done wisely in thus early organizing themselves for the purpose of promoting the interests of humanity, by advancing the cause of medical science.

The *Transactions of the State Medical and Chirurgical Society* at the Third and Fourth Sessions, is a well printed document, and evinces on the part of the physicians of the state, a disposition and capability to maintain an elevated position in the various branches of medicine and surgery.

The addresses of Drs. McGugin and Elbert both have reference to the trials and responsibilities of the medical man. We wish we had space to copy Prof., McG's graphic description of the exposures to which the western practitioner is subject.

In the department of surgery particularly, the profession of Iowa seem disposed to take a high stand. A very good report was made by Dr. J. D. Elbert, Chairman of the committee on Surgery. Dr. Sanford, of Keokuk, communicated several interesting cases. Among them are two cases of false joint, successfully treated by a plan which Dr. S. claims as original.

"By passing a strong tenotomy needle down to the ends of the bones, free scarifications of the surfaces were effected, after which the application of a retentive apparatus secured firm union. The object of this procedure is to break up the cartilaginous investment, which after a time covers the rounded ends of the fragments, and to excite effusions of plastic material to serve as the medium of union.

"This operation, which I believe originated with me, is not urged as a substitute for the treatment recommended by Dr. Physick, in cases of Pseudarthrosis; nor do I think it will supercede other analogous operations for the same disease. Each proceeding has its appropriate adaptation to particular cases, and should be held in reserve by the Surgeon. An important principle in Surgical Ethics is, to adopt the simplest and least painful or dangerous operation in the treatment of cases that will be efficient; and it is upon this principle that we rest the claims of the sub-cutaneous section in cases of false joint. It is in recent cases, before that entire transformation in the tissues is completed, which ultimately happens, that we would recommend this operation. We are thoroughly convinced that at this period, besides being the simplest, it is the best treatment that can be adopted. The *seton*, *ablation*, *boring*, &c., although perhaps in a majority of cases successful, are more painful and dangerous."

Several cases of operation on the mouth and lips to cure deformities, caused by the abuse of mercury are reported. We quote the following, also by Dr. Sanford.

*"New operation for Labial Fissures.*—It is with great pleasure I am able to announce to the Society a new operation for Hare-lip, and every variety of labial fissure, which I think obviates the chief difficulty of former proceedings. I had never been able, even by the procedure of Malgaigne's to treat a case of Hare-lip without the disagreeable prolabial notch which surgeons have made so many efforts to avoid, and this reflection induced me to resort to the following modification of the usual process.

"Mr. Shields, a Printer, living in the city of Keokuk, presented himself to me, with a considerable fissure in the upper lip, caused some years ago by mercurial ulceration. Adhesions had formed, as usual, and the teeth were exposed, causing a disagreeable deformity, for which mainly, he solicited an operation.

"In the presence of Dr. Elbert, I proceeded to separate the adhesions formed by the lip and to pare the margins, carrying the incisions a little outward at the middle of their course, so that after the paring was completed they presented a crescentic appearance. A needle armed with a tolerably strong ligature, was then passed deeply through each lip near the lower margins, and the raw edges were brought together, accurately approximated below, as in ordinary Glover's suture, but not so tightly as to strangulate the included skin. A very fine needle, armed with a single fine silk thread, was then passed *very superficially* through the contiguous margins, so as only to include the epidermis, and by very numerous stitches, (from 20 to 30,) these margins were brought very accurately and smoothly together. These fine stitches were continued directly over the large deep stitch to the epithelial border, and when completed, obliterated any vestige of the prolabial chasm.

The parts were then well sustained by adhesive plaster. On the second day, the large stitch, which was designed merely for temporary support, was removed without difficulty, and the parts presented a beautiful appearance. No undue inflammation occurred during the cure—no deep seated ulceration in the course of the needles—no wrenching and pulling to get the needles away, exciting in some instances, fresh and destructive inflammatory action. The stitches retaining the parts in contact until adhesion of the opposite surfaces had taken place, needed no attention, and becoming incorporated with the plastic exudation which came from the wound, were fully thrown off with the scab, disclosing an even, smooth, beautiful lip, without the indentations which usually mark the situation of the needles, and without the slightest imperfection of the prolabial margins.

"We hope the members of the Society will repeat this operation and report the results. It is actually incomparably superior to any other process."

In his report on Obstetrics and diseases of Women, Dr. D. L. Mc-

Gugin mentions a case of spontaneous separation of the symphysis pubis occurring in labor. The patient was alone at the time the accident occurred, but soon had proper attention. She was afterwards delivered of another child without a recurrence of the accident.

Another case is mentioned, in which post partum hemorrhage was immediately controlled by compressing the aorta through the walls of the abdomen.

The *Alabama State Medical Association* held its seventeenth Annual Session in the city of Montgomery, Jan. 10-12. We confess to a feeling of disappointment in view of the meagre attendance of members—less than twenty delegates answering to their names! As is the head so will be the members. If physicians manifest their interest in the progress of medicine, by attending the meetings of their Medical Societies, they will carry that feeling with them in their daily professional walks. We are always sorry to hear or read of small society meetings. However, the season of the year was unfavorable to a full meeting, on account of low water in the rivers, and we notice a change of time of meeting, to obviate the difficulty.

The minutes contain nothing of special interest abroad, except a preamble and resolutions introduced by Dr. Lopez, appointing a committee to memorialize the legislature in favor of conferring the office of coroner on "none but regular practitioners of medicine, in such places as may be practicable, without obstruction to the duties therein specified."

Standing committees were appointed as usual, to report on various subjects.

The address of the President, Dr. Denny, was on "*The Magnitude of Science; or a contrast between the three learned Professions.*" In reading over the address, we were exceedingly pained that a member of the Medical Profession could propound views and sentiments, so narrow minded, unbecoming a physician, and so unworthy the age and country in which we live. He would magnify science until it takes the place of religion—nay, till it overshadows and dethrones Deity itself!

This apotheosis of human learning and acquirements, nearly all too confined to the medical profession, (pp. 26-28) pronounces the major excommunication on the larger part of mankind, leaving them scarce "a peg to hang a hope upon."

Such narrow-minded exclusiveness must result in harm rather than good to our profession, since it places medical men in a false light before the community. It is unfortunate when men holding the views that

Dr. Denny does, are placed in so important a position as at the head of the Medical Association of a State.

From a skeptic or a politician as President of a Medical Society, "may the good Lord deliver us!"

We feel assured that there are Lawyers and Clergymen in Alabama, who are abundantly able to give Dr. Denny such a literary castigation as he deserves, and we hope some one will do it.

Our space will not allow of an extended notice of the reports of the various standing committees on epidemics. They are a good index of the diseases which prevailed during the year, and of the plan of treatment pursued.

Dr. L. H. Anderson, in his report from Sumterville district, concludes his remarks on pneumonia with the following summary.

1. "The pneumonia of South Alabama is probably less severe than the same disease in more northern latitudes; and the intermittent or remittent fever accompanying it is more dangerous than the pulmonary inflammation.

2. "The treatment should be directed chiefly against the malarious element of the disease. Quinine should be freely given for its antiperiodic effect, and mercury for its influence on the secretions, particularly that of the liver.

3. "An exception to this pathology and treatment is to be made when the attending fever is of a typhoid character. Here the dothinen-teritis is the more important disease, and the pneumonia should be treated with strict reference to it."

On the treatment of Dysentery, Dr. Anderson has the following:

"Previous to this time, I had been in the habit of treating all cases of dysenteric affection with mercurials, opiates and astringents, and had generally good reason to be satisfied with the plan, but meeting this season with a case which proved entirely rebellious to this treatment, and in which the tormina and tenesmus, with mucous and bloody stools would return as soon as the remedies were withdrawn, I determined to try the saline plan. I gave accordingly several papers containing each 30 grs. sulphate soda and 20 grs. bi. carb. soda, with directions when the first powder had operated twice, to stop it with 30 drops of laudanum after each stool, and when the bowels had been checked twenty-four hours, to take another powder, with laudanum after it in the same way. The next day the patient told me the first powder had not operated, and that his bowels had felt entirely easy ever since taking it. I then told him to take a powder every three hours until they did operate, and to check the operations if necessary, as before directed. He did so, and found the third powder to operate gently, with a total change in the character of the stools, showing a return to healthy action. A week or ten days afterwards, he has a return of the attack, and was immediately relieved by the same means.



"In all the cases I met with afterwards, I employed the same treatment, substituting the epsom, however, for the glauber salts, and found it speedily successful in every case but two. In these, diarrhœa was the prelude to typhoid fever, and both patients died after long and severe attacks."

Dr. A. speaks in high terms of a popular remedy in dysentery, viz: an injection of about an ounce of mutton suet in half a pint of warm milk.

There are other interesting papers in this volume, but we are compelled to postpone the consideration of them to our next issue. B.

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\* \* We have several works on hand for notice, but a crowd of matter, and limited time, compel us to postpone them till our next issue.

The press has issued the present year, a number of very valuable works, and others are forthcoming. We see it announced that Dr. Drake's second volume, comprising the Diseases of the great valley of North America is completed.

Dr. Gross, of Louisville, is at work on a second edition of his Diseases of the Urinary Organs.

Dr. H. V. Wooten, of Tennessee, is engaged on a work on the diseases peculiar to the South and southwest.

## EDITORIAL,

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### MEDICAL SOCIETY OF NEW JERSEY.

One of the most spirited and earnest meetings of this Society which it has been our privilege to attend, assembled at Trenton, in extra session, at the call of the President, on the 11th of July last. The season of the year was unfavorable to a large meeting of the profession, yet there were nearly forty of the "good men and true," from every section of the State, except the extreme southern.

We are sorry that the minutes have not arrived in season for the present number of the REPORTER, but we hope to insert them in our next.

The primary object of the meeting was to consider an extraordinary supplement to the Medical Law, passed during the dying throes of the last session of the legislature, virtually abrogating every vestige of protection, which the wisdom of our forefathers nearly a century since, confirmed by nearly a hundred legislatures, had cast around the practice of physic and surgery in this state.

Year after year the legislature of New Jersey has been beset by a horde of interested and ignorant pretenders, seeking to popularize the profession of medicine, leaving it, unprotected by law, to be entered by any who might choose. Concession upon concession was made to the few interested persons who have so long whined in the ears of our legislators, until our representatives at the last session, capped the climax of absurdity, by passing a supplement to the already stricken and wounded law, at once ridiculous in its provisions, and disastrous in its effects on the well-being of society. But we forbear—with the thermometer nearly up to fever heat, we cannot afford to wax warm on this subject, particularly as it was so ably discussed in our last, by our gifted confrère, and is so well handled in the reports which we hope will be forthcoming in our next.

The Society, after hearing a report from the Standing Committee, through Dr. R. M. Cooper, of Camden, and reports from the venerable Dr. Lewis Condict, of Morris, and Dr. O. H. Taylor, of Camden, referred the whole matter to a committee, who are to report through this Journal, and to the annual meeting in January next.

The profession are indebted to Dr. Isaiah D. Clawson, of Salem, a member of the House, for his efforts to defeat the passage of the odious supplement.

B.

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#### ASIATIC CHOLERA.

Our readers are of course aware, that, during the months of June and July, Cholera prevailed to a considerable extent, not as a severe epidemic as in former years, but diffused widely, less confined to certain sections than heretofore. It has also, on the whole, been more manageable. There is scarcely a section of the country where it has not prevailed to a greater or less extent. At this time, however, (July 25,) it seems to be on the decrease, and it is to be hoped will soon cease entirely. On another page we give a report of deaths by Cholera and other diseases in several of the larger cities of the Union.

We feel safe in saying that the disease is much more scientifically and intelligently treated by the profession, than in former years.

The following formula, from the late firm of Samuel F. Troth and Co., Druggists of Philadelphia, has been used somewhat extensively by the profession, in the treatment of the early stages of Cholera, and we take pleasure in laying it before our professional readers. It is known by the several names of, "Asiatic Tincture for Cholera," "Guttæ Vitæ," and "Goldsmith's Tincture."

R Gum Opii,	3j.
" Camph.	3j.
Ol. Caryoph.	f 3j.
Capsicum Cayenne,	3j.
Sp.Æth. Sulph. Co. Oj.	

Digest 10 to 20 days, or prepare by displacement.

Dose for an adult—20 to 60 drops, every 2d, 3d, or 4th hour, according to circumstances, in a little sweetened water.

To allay irritation, partially arouse the nervous energy and check the profuse discharges characteristic of Cholera, it will be found an admirable remedy. We would advise no one, however, to place too exclusive reliance upon it, or any of its ingredients in any proportion. We think any genuine attack of Cholera, treated without calomel, or an equivalent mercurial preparation, sadly mistreated—one of the plainest indications entirely overlooked. The secretion of the liver *must* be restored, and speedily, and this is best done with calomel, if at all. We might

say much of other treatment, also highly necessary, but we only wish to say that no reliance, upon single remedies, or upon any remedies, given without regard to all the symptoms and the various stages of the attack, is wise, either in the treatment of Cholera or any other disease. We make these remarks in order that in Cholera seasons, patients may be warned against an indiscriminate use of Cholera cures, and that physicians themselves, may be warned against conniving at and encouraging the same. B.

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#### PRIVATE MEDICAL INSTITUTIONS.

During a recent tour to New York and vicinity, we had the pleasure of visiting three institutions of this character.

Dr. Louis Bauer, at his establishment, on Pacific street, Brooklyn, is well supplied with apparatus, and other means for the treatment of deformities of all kinds. Dr. B. is an intelligent man, well read in the German, French, and English Literature of his specialty, and seems to be devoted to the interests of his patients. Dr. A. Stone, located on Gold street, Brooklyn, has extensive accommodations for the treatment of diseases peculiar to women. His establishment includes accommodations for lying-in patients. Dr. J. Marion Sims, late of Montgomery, Alabama, is very pleasantly located on Madison Avenue, New York. His establishment is of the same character as that of Dr. Stone, of Brooklyn. We found Dr. Sims a remarkably intelligent man, well informed on the diseases of females. He is at this time particularly interested in the establishment of a Women's Hospital in New York, and we trust and believe his laudable efforts will be seconded by the public. All these institutions are worthy the attention of our readers, and we hope they will call and examine them, as opportunity offers, assuring them of a hearty welcome on the part of their gentlemanly and intelligent proprietors.

It has, for some time, been our intention to discuss the subjects of Sanitary institutions, and the practice of specialties. Both are important, and both are, we believe, in some measure regarded in a wrong light by a majority of the profession. We shall endeavor to recur to the subjects at a future time. In the mean while we invite our readers to communicate their views pro or con through our pages. B.

## DEPOSITORY OF MEDICAL LITERATURE.

We have received a circular from Rochester, New York, signed by L. Clinton Dolley, M. D., requesting that our Journal be regularly sent to his address, for certain specified objects set forth in the circular, viz :

1. To accumulate and preserve for the future interest and benefit of the profession, that which would otherwise be diffused, and inaccessible.
2. To afford the most ample materials for the publication of an *Annual Compendium* of all facts, discoveries and opinions of scientific interest, which transpire in the medical world each successive year.
3. When the Repository shall become sufficiently extensive and attractive, it is proposed to place it under the supervision of the American Medical Association, or some other suitable body of Medical men.

If we understand Dr. Dolley's plan, it is to publish an annual abstract of the medical sciences, similar to Ranking's and Braithwaite's semi-annual publications. The object is a good one, but we would suggest a *semi-annual compendium* as preferable to an annual one.

We believe Dr. Dolley has been, if he is not now, editor of an "Eclectic" Medical Journal, published in Rochester, and must confess we at first regarded suspiciously the expression "*or some other suitable body of Medical men,*" fearing the spoils might fall into the hands of the "Eclectic" Medical Association.

However, we heartily accede to Dr. D's polite request, at the same time protesting against the use of our Journal directly, or indirectly, in advancing the cause of "Eclecticism," *falsely* so called. Dr. Dolley has undertaken an important and useful work, provided he shows himself a *true* eclectic, and we trust he will receive the encouragement of the medical press of the country.

B.

✎ The present number of the **REPORTER** contains the fourth of the series of Portraits of the Presidents of the American Medical Association, and will be followed in our next, we expect, by that of Dr. R. D. Mussey, of Cincinnati.

The second Portrait of the series, that of the late Dr. Chapman, will be issued as soon as the memoir can be prepared. A new plate has been engraved expressly for our Journal.

✎ It will be observed, that we have established an agency for the **REPORTER**, in Boston, Mass., Mr. Benjamin B. Russell, 515 Washington street, is our agent, and is authorized to receive subscriptions, and give receipts.

✎ We have made arrangements by which we shall have regular reports of the Proceedings of the *New York Pathological Society*, the first of which appears in the present number.

## NECROLOGICAL RECORD.

- DIED, in Boston, Massachusetts, *Waldo J. Burnet, M. D.*, æt. 26.  
 — in Litchfield, Connecticut, July 10—*Dr. Samuel Buel*, æt. 72.  
 — in Philadelphia, July 11, of Cholera, *C. H. Bibbighaus, M. D.*, æt. 53.  
 — in Montreal, Canada, July 12, of Cholera, *Dr. McCulloch*.  
 — At Emigrant's Hospital, Ward's Island, of Cholera, *Joseph Dennis, M. D.*, æt. 26.  
 — in Boston, July 23, of Cholera, *Dr. John Sabine*.  
 — in Port Elizabeth, Cumb. Co., N. J., of Cholera, *Benj. Fidler, M. D.*, æt. 85.

## MORTALITY IN CITIES.

The following report of the mortality, by the principal diseases of Summer, in New York and Philadelphia, since the cholera began, is compiled from the Philadelphia *Evening Bulletin*.

	NEW YORK.							
	June.				July.			
	3d	10th	17th	24th	1st	8th	15th	22d
Cholera, . . .	12	14	57	45	78	98	147	183
Cholera Morbus, .	12	5	5	8	13	11	17	21
Cholera Infantum, .	5	6	4	13	29	74	117	145
Diarrhœa, . . .	7	11	6	11	23	34	41	47
Dysentery, . . .	16	7	2	5	10	20	29	36
Consumption, . .	57	61	48	51	60	52	54	59
Convulsions, . .	38	31	33	44	39	87	70	70
Marasmus, . . .	21	13	24	12	28	35	26	38
Other Diseases, .	247	260	250	248	237	350	316	315
Total . . .	415	408	429	437	517	761	817	915
Under 5 years, .	203	201	197	222	265	412	455	508

## PHILADELPHIA.

	June 24	July 1	July 8	July 15	July 22	Total 5 weeks.
Cholera, . . .	9	12	22	71	61	175
Cholera Morbus, .	4	4	6	6	7	27
Cholera Infantum, .	14	49	51	83	81	278
Diarrhœa, . . .	5	7	9	13	18	52
Dysentery, . . .	7	15	16	29	20	92
Consumption, . .	28	21	30	39	42	150
Convulsions, . .	15	16	24	17	26	98
Marasmus, . . .	9	9	22	10	25	75
Other Diseases, .	131	135	188	154	148	756
Total . . .	222	268	368	413	432	1703
Under 5 years, .	114	170	203	223	242	952

	Deaths.	Cholera.
In Boston, for the week ending July 8, . . .	137	34
In " " " " 15, . . .	111	31
In " " " " 22, . . .	98	14
Total number of deaths by Cholera in Boston to July 22, . . .	346	130.
In Baltimore for the week ending July 15, . . .	160	none.
In " " " " 22, . . .	174	none.
In Brooklyn, " " " 15, . . .	221	84
In " " " " 22, . . .	233	76



It will be seen by the above reports, that at the date of our going to press, Cholera was decreasing.

✎ We wish our readers in the different cities of the Union would furnish us with regular sanitary reports and mortuary tables. Such reports could be condensed into tables that would be of great value to the profession and the public.

## ECLECTIC AND SUMMARY DEPARTMENT.

*Retraction of the Uterus.—retroversion uteri, Amussat* (Gaz. med. de Paris) recommends, provided pregnancy to be absent, cauterization of the posterior surface of the neck of the uterus, so as to form adhesions between the cervix uteri and the superior wall of the vagina, which secure the organ in a fixed position. Dr. Amussat reports several cases, in which a successful cure was effected, and adds the following remarks in reference to cauterization. It is fully sufficient to cauterize the posterior lip with caustic potash; the cauterized part being wiped off, some lint pads are introduced in front of the cervix, so as to press this part against the posterior wall of the vagina. The caustic, which has not been absorbed by the lip, is, in most cases, sufficient to produce adhesions of the cervix with the walls of the vagina. Should this process, however, prove unsuccessful, the posterior lip, and the corresponding part of the vagina also, should be cauterized. The opinion, which some entertain, that adhesions thus formed, might disturb the functions of the uterus, Dr. Amussat thinks to be erroneous, as he has made the observation, that women, who had never conceived before, became pregnant, after a cure was effected in the manner just described and had carried their children to full term, and in many other cases menstruation became regular, which had been irregular for a long time, before cauterization was resorted to.—(Translated from the German, for the N. J. Med. Rep. by Ch. F. J. Lehlbach.)

*Nerves and vessels in permanent, not ossifying cartilages*, observed by Professor KOELLIKER—It has been known for a long time, that many ossifying cartilages, as long as their relative bones are not yet developed to their full extent (cartilages of epiphyses in man from infancy, to the 15th year) possess blood-vessels, and that permanent cartilages may receive vessels, when ossification takes place accidentally; but in permanent, never ossifying cartilages, such has hitherto not been observed. Prof. Koelliker found it to be the case in the nasal cartilages (septal) of the ox and hog, which are pierced by a number of vessels, entering horizontally from the perichondrium and ramifying in the cartilages. "My surprise grew still more," says Dr. K. "when I found in the calf many of these vessels, which present themselves partly as beautiful arteries, to be accompanied by little nervous trunks of from 0.003'''—0.04''' with branches of from 0.0042'''—0.0046''' in diameter, which, like the accompanying vessels, could be traced from the perichondrium to their distribution, although I was unable to trace them to their ultimate ramifications. In no other cartilage have I hitherto found nerves, though it would appear as very probable that ossified cartilages carry nerves, as long as they are possessed of vessels. As to the function of these nerves which I have thus observed, it can probably be no other, than to regulate the nutrition of the cartilage, whether they are sensitive as those of the osseous structure, remains as yet unsettled. (Zeitschrift fuhr roissensch. Zoologie, Vol. ii. No. iii. Translated by Ch. F. J. Lehlbach.)

*Asiatic Cholera.*—There seems to have been an impression in the minds of medical men in all parts of our country, that Cholera would prevail extensively this summer, and the Journals have in consequence been filled with communications from physicians detailing their past experience with the disease, or their theories of its cause, and treatment. As is almost always the case, many of these communications contain really valuable facts and suggestions, and we would be glad to copy some of them entire, if our limited space allowed. The most, however, that we can do this month, is to give a very condensed summary of the views of two writers.

Dr. S. A. Cartwright, formerly of Natches, now of New Orleans, has had much experience in the disease, and has been very successful in its treatment. He deprecates the phrase "premonitory symptoms"—says it has killed its thousands, by encouraging the hope that the early stage of Cholera, is only "premonitory" to the disease.

"The disease consists in a *pouring back* of the contents of the absorbent vessels into the alimentary canal, and a filtering of the watery parts of the blood from the extremities of the capillary arteries. Before the diarrhoea manifests itself, the disease has begun. The absorbents or some of them, have poured back their contents, furnishing the serous or rice-water matter that is thrown out by the diarrhoea. How erroneous then, to call the diarrhoea a premonitory symptom, when it is actually a secondary effect of a prior diseased action, of the disease itself.

To cure the cholera *cito, tuto et jucunde*, this pouring back process must be arrested. Astringents, opiates, stimulants, &c., may check it for a while, and nature may re-establish the natural course of the circulation in the absorbents; but there is no security that she will do so, unless the fluids be determined to the skin, and the liver put to work. When we act on the skin by inducing perspiration, we make the absorbents of the alimentary canal, hungry for fluids. A *sucking up* instead of a *pouring back* action is established in them. The disease consists in the latter action, and is cured at once by establishing the former."

The liver is torpid and *must* be excited to action. But the remedies employed, must be given with the twofold object of exciting both the liver and skin to action, as time is required to act on the liver, which time must be gained by first acting on the skin, which may be done in five minutes. Dr. C. employs the following stimulating sudorific chologogue:

R Hydrarg. c Cretæ,  
Pulv. Capsici, a a gr. xx.  
Gum. Camp. gr. x.  
P. Carb. Ligni.  
P. Acacine. a a gr. xv.

The above is a dose for an adult, taken in two tablespoonsful of water, and swallowed without sipping it. Frictions and stimulating applications must be freely used to the external surface. If flushed face and heat of skin follow, the lancet must be used. Fluid must be taken to restore the watery part of the blood which has been lost.

Dr. Cartwright first published the above views in 1833, and reiterated them in 1849.

Dr. J. F. Gayley of Philada. (Am. Journ. of Med. Sciences, July, 1850), regards an arrest of the function of the liver as the cause of Cholera, a conclusion which is logically reached by a well written argument. This being the difficulty, the treatment must be directed to its removal. Anything that will serve to unload the liver will meet the case, and the patient will be relieved. Dr. G. had considerable experience in the treatment of Cholera in 1849, and was very successful. He gave calomel in ten to twenty grain doses, mixed with a little sugar. This was given at intervals varying from half an hour to two hours. "I never used opiates, camphor, brandy, capsicum, chloroform or any of the thousand-and-one remedies recommended in this disease. Their multiplicity proves their inefficacy, &c.